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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

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1.	NAME C	OF TEE (in full)	TYPE OR P	RINT ▼		mple: If ty r the lines.	ping, type	12FE	4M5		
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Г		ck if different		111						<u> </u>	
ł		n previously orted. (ACC)	[W _i e _i s _i	t _i D _i e	s, Mo	i _ı n _ı e _ı s	ш	LA	[5,0,2	6,6]-	[7 ₁ 7 ₁ 2 ₁ 7]
2.	FEC IDI	ENTIFICATION N	UMBER ▼		CITY ▲			STATE A	\ 	ZIP COI	DE 🛦
	C o	0 1 1 7 6	14	;	3. IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4.	TYPE (Choose	OF REPORT One)	(b) Mont Repo	n L	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov. 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reparts:	Due		Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
		April 15 Quarterly Report (O1)		Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
		July 15 Quarterly Report ((C)	12-Day PRE-Election	ı 📙	Primary (1	2P)	Ge	neral (12G)	U	Runoff (12R)
		October 15 Quarterly Report (Report for the	ne:	Convention	n (12C)	Spe	ecial (12S)		
		January 31 Year-End Report (E	lection on	M v H	1 000 /		***	in the State of	
		July 31 Mid-Year Report (Non-electi Year Only) (MY)	On I ''	30-Day POST-Electi Report for the	Second .	General (3	0G)	Rui	noff (30R)		Special (30S)
		Termination Repor (TER)	t	·	lection on		/ [U 0] /			in the State o	
5.	Covering	Period 0	7 0 1	/ 2 0	1.1	through	1 2	['] 3	1 2 0	1.1	
	-	I have examined t		d to the be	<i>_</i> _ ·			ue, corre	ct and comple	te.	
Тур	Type or Print Name of Treasurer Scoll // CENTEE										
Sigr	nature of	Treasurer	Mh.	My		· · ·		Date	0 4 2	4 ′	2 0 1 2
NOT		ssion of false, error	neous, or inco	mplete inforr	nation may s	ubject the p	erson signing	this Repor	t to the penalti	es of 2 l	J.S.C. §437g.
	Off U: _ Oi									FOR Rev. 12/20	a '

≥ 2 2 3 3 3 3 20307

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

0.7 0.1 201.1

To:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2 0 1 1		4743899
	(b) Cash on Hand at Beginning of Reporting Period	5 0 5 0 7 0 4	
	(c) Total Receipts (from Line 19)	504954	1,2,6,8,2,5,9
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5555658	6.0,121,5.8
7.	Total Disbursements (from Line 31)	6 1 0 0 0 0	1 0 6 6 5 0 0
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4,9,4,5,6,5,8	4 9 4 5 6 5 8
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

12030794875

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Bonost Counting the	- Dariad: - Fra	0'7	0 1	2 0 1 1	To:	1 2 3	1	2 0	111
Report Covering the	Period: From:	[0,7]			To:				
I. F	Receipts		Т	COLUMN A otal This Period		COL Calendar	UMN B Year-to		
(a) Individuals/P	her than loans) From Persons Other al Committees								
	(use Schedule A)		A	3 1 9 7	6.0		6,9	5 7	6 8
(ii) Unitemiz (iii) TOTAL (edadd		Andrews gran	1_8_5_1 	1.9		5 7	2 4	1 6
	(a)(i) and (ii)	>		5_0_4_8	7.9	1	2,6	8 1	<u>8</u> 4
(b) Political Part (c) Other Politic	ty Committees							2 A	
-	Cs) outions (add Lines	.	Anna Albani				<u> </u>	den de la composiçõe de	<i>a</i>
Totals to Lin	, and (c)) (Carry le 33, page 5)	>		5,0,4,8,	7.9	1 1	.2,6	, 8, 1	<u>.</u> 8, 4
Transfers From A Party Committee:	Affiliated/Other 9		- C 68				YY		
3. All Loans Receiv	ed		den Cat Man				dissent Three		a de la composición dela composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición de
Loan Repayment Offsets To Opera (Refunds, Rebate							1 17)		
•	Line 37, page 5) ributions Made		iles albert Chara						
Political Committ 7. Other Federal Re	eeseceipts	L						landa.	
8. Transfers from N	est, etc.)lon-Federal and Levi	R	<u> </u>		7 5		<i>!0</i> }	<u> </u>	7 5
(a) Non-Federal (from Sched	luie H3)								
(b) Levin Funds	(from Schedule H5).		Anna (Cardo)				&/b		<u> </u>
(c) Total Transfer	rs (add 18(a) and 18	(b))	Acres Server Down	went coff	Kerp Xvest		kurilban	desselve	/
9. Total Receipts (a 12, 13, 14, 15, 1	add Lines 11(d), 16, 17, and 18(c))	>		5_0_4_9_	5 4	1	2 6	8 2	
20. Total Federal Re (subtract Line 18	ceipts 3(c) from Line 19)			5 0 4 9	5 4	1	2 6	້8 ີ 2	5 9

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar real-to-bate
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))		6,5,0,0
22.	Transfers to Affiliated/Other Party		
23.	CommitteesContributions to		
	Federal Candidates/Committees and Other Political Committees	6,1,0,0,0,0	1,0,6,0,0,0
24.	Independent Expenditures		
25.	(use Schedule E)		
26.	Loan Repayments Made		
27. 28.	Loans MadeRefunds of Contributions To:		termination of Deputition of Landing of Constitutions
	(a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees	The state of the s	
	(such as PACs)		The state of the s
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	>	
29.	Other Disbursements		and the state of t
30.	Federal Election Activity (2 U.S.C. §4	31(20))	
	(a) Allocated Federal Election Activit		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share	Control of the Contro	
	(b) Federal Election Activity Paid En With Federal Funds	· · · · · · · · · · · · · · · · · · ·	
	(c) Total Federal Election Activity (a		
	Lines 30(a)(i), 30(a)(ii) and 30(b	<u> </u>	
31.	Total Disbursements (add Lines 21(c)	, 22,	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 6_1_0_0_0	1 0 6 6 5 0 0
			17 A
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)		1066500
	from Line 31)	6 1 0 0 0	1,0,6,6,5,0,0
		•	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (fram Line 15, page 3)..... 38. Nat Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	}	

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Suramary Page	(check only one) 11a	
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Farmers Mutual Hail Insurance Company Full Name (Last, First, Middle Initial) Cindi Andersor	son for the purpose of soliciting contributions o solicit contributions from such committee. Committee		
Mailing Address 15934 Rosewood Ct. City State Clive, IA. 50325 FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Hall Ins. Co. Receipt For: Primary General Other (specify) ▼ Aggregate	Zip Code	Payroll Deduction Amount of Each Receipt this Period 9 4 2 0	
Name of Employer Farmers Mutual Hail Ins. Co. VP IS	Zip Code 0 1 1 7 6 1 4 0 Year-to-Date ▼	Payroll Deduction Amount of Each Receipt this Period 1 5 6 4 0	
Name of Employer Farmers Mutual Hail Ins. Co. State S	Zip Code 0 1 1 7 6 1 4	Payroll Deduction Amount of Each Receipt this Period 1,0,2,1,0	
SUBTOTAL of Receipts This Page (optional)	35270		
TOTAL This Period (last page this line number only)			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

3 (HEDULE A (FEC FORM 3A)		lles constate cohodulo(c)	FOR LINE NUMBER: PAGE 2 OF 6
T	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Surnmary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the I			
7	NAME OF COMMITTEE (In Full)			
	Farmers Mutual Hail Insurance C			Committee
A.	Full Name (Last, First, Middle Initial)	Roggenb	urg	Date of Receipt
	Mailing Address 2035 134th Street City	State	Zip Code	Payroll Deduction
	Clive, IA. 50325	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Coc	117614	43400
	Name of Employer Farmers Mutual Hail Ins. Co.	Occupation CFO		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 9 5 4 8 0	
В.	Full Name (Last, First, Middle Initial) Consta	nce Dou	ıd	Date of Receipt
	Mailing Address 5200 Pond View Cir			Payroll Deduction
	Des Moines, IA 50317	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0 1 1 7 6 1 4	9240
	Name of Employee Farmers Mutual Hail Ins. Co.	Occupation Analyst		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2.0.3,2.8	·
-	Full Name (Last, First, Middle Initial) Larry E	wart		Date of Receipt
	Mailing Address 15188 Bryn Mawr			Payroll Deduction
	Clive, IA 50325	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Department have	117614	15090
	Name of Employer Farmers Mutual Hail Ins. Co.	Occupation VP Clair	· · · · · · · · · · · · · · · · · · ·	
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 3 3 1 9 8	
S	UBTOTAL of Receipts This Page (optional)			67730
7	OTAL This Period (last page this line number o			

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE OF 6 Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 12 11a 11c Detailed Suramary Page 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Farmers Mutual Hail Insurance Company of Iowa Political Action Committee Full Name (Last, First, Middle Initial) Myron Hall Date of Receipt Mailing Address 4102 NE 48th St. Payroll Deduction City State Zip Code Des Moines, IA. 50317 Amount of Each Receipt this Period FEC ID number of contributing 0_0_1_1_7_6_1_4 9 1 federal political committee. Name of Employer Occupation Farmers Mutual Hail Ins. Co. Manger IS Receipt For: Aggregate Year-to-Date ▼ Primary General 2 0 2 1 8 Other (specify) Full Name (Last, First, Middle Initial) Kevin Johnson В. Date of Receipt Mailing Address 1783 Maple Ct Payroll <u>Dedu</u>ction City State Zip Code Winterset, IA. 50273 Amount of Each Receipt this Period FEC ID number of contributing 0 0 1 1 7 6 1 4 15640 federal political committee. Name of Employer Occupation Farmers Mutual Hail Ins. Co. **VP Sales** Receipt For: Aggregate Year-to-Date ▼ **Primary** General 3 4 4 0 8 Other (specify) Full Name (Last, First, Middle Initial) Ken Lilgedahl Date of Receipt Mailing Address 8935 Lyndhurst 01/03/2011 State Zip Code Johnson, IA 50131 Amount of Each Receipt this Period FEC ID number of contributing C 0 0 1 1 7 6 1 4 0_0_0 federal political committee. Name of Employer Occupation Farmers Mutual Hail Ins. Co. VP Operations Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 12 11a 11b 11c **Detailed Suramary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Farmers Mutual Hail Insurance Company of Iowa Political Action Committee Full Name (Last, First, Middle Initial) Grant Krohn Date of Receipt Mailing Address 26818 N Ave Payroll Deduction City State Zip Code Adel, IA 50003 Amount of Each Receipt this Period FEC ID number of contributing 0 0 1 1 7 6 1 4 1054 federal political committee. Name of Employer Occupation AVP QC Farmers Mutual Hail Ins. Co. Receipt For: Aggregate Year-to-Date ▼ **Primary** General 2 3 1 8 8 Other (specify) Full Name (Last, First, Middle Initial) Oscar Deardorff B. Date of Receipt Mailing Address 15806 Maple Drive 01/06/2011 State Ziti Code Urbandale, IA. 50232 Amount of Each Receipt this Period FEC ID number of contributing 0 0 1 1 7 6 1 4 0 0 0 federal political committee. Name of Employer Occupation Farmers Mutual Hail Ins. Co. Deceased Receipt For: Aggregate Year-to-Date ▼ Primary General 3 5 0 0 0 Other (specity) Full Name (Last, First, Middle Initial) Ron Rutledge Date of Receipt Mailing Address 240 Linden Drive Payroll Deduction State Zip Code Waukee, IA. 50263 Amount of Each Receipt this Period FEC ID number of contributing C 0 0 1 1 7 6 1 4 5 9 4 3 0 federal political committee. Name of Employer Occupation Farmers Mutual Hail Ins. Co. **President** Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) 6 9 9 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

OF 6

PAGE 4

FOR LINE NUMBER:

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER: PAGE 5 **OF** 6 Use separate schedule(s) (check only one) for each category of the 11a 11c **Detailed Summary Page** 13 16 17 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Farmers Mutual Hail Insurance Company of Iowa Political Action Committee Full Name (Last, First, Middle Initial) Shannon Rutledge Date of Receipt Mailing Address 2273 NE 88th Street Payroll Deduction State Zip Code Altoona, IA 50009 Amount of Each Receipt this Period FEC ID number of contributing 0 0 1 1 7 6 1 4 3701 federal political committee. Name of Employer Occupation **SVP MPCI** Farmers Mutual Haii Ins. Co. Receipt For: Aggregate Yaar-to-Date ▼ **Primary** General 8 1 4 2 2 Other (specify) Full Name (Last, First, Middle Initial) Steve Fischer B. Date of Receipt Mailing Address 603 13th Street SE 12/29/2011 City State Zip Code Altoona, IA 50009 Amount of Each Receipt this Period FEC ID number of contributing C 0 0 1 1 7 6 1 4 7 5 0 0 0 federal political committee. Name of Employer Occupation Farmers Mutual Hail Ins. Co. VP HR Receipt For: Aggregate Year-to-Date ▼ Primary General 1₄4₅0₆0₀ Other (specify) Full Name (Last, First, Middle Initial) Steve Rutledge Date of Receipt Mailing Address 3421 Briar Ridge 01/03/2011 State Zip Code West Des Moines, IA 50265 Amount of Each Receipt this Period FEC ID number of contributing C 0 0 1 1 7 6 1 4 federal political committee. Name of Employer Occupation Farmers Mutual Hail Ins. Co. **Board of Directors** Receipt For: Aggregate Year-to-Date ▼ Primary General 5 0 0 0 Other (specify) **`2**`0 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDUL	EΑ	(FEC	Form	3X)
ITEMIZED	REC	EIPTS	}	

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	y information copied from such Reports and Statements m for commercial purposes, other than using the name and			
7	NAME OF COMMITTEE (in Full)			
	Farmers Mutual Hail Insurance Compan	Committee		
A.	Full Name (Last, First, Middle Initial) Bryant Tjeerds	Date of Receipt		
	Mailing Address 8855 Kingman Drive	71: 0. 4:	Payroll Deduction	
	West Des Moines, IA. 50266	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	0,1,1,7,6,1,4	9,9,5,0	
		n rop Underwriting.		
	Brimany / Ganaral	2 1 8 9 0		
В.	Full Name (Last, First, Middle Initial)	· ·	Date of Receipt	
	Mailing Address		Payroll Deduction	
	City State	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	0 1 1 7 6 1 4		
	Name of Employer Occupation Farmers Mutual Hail Ins. Co.	n :		
	Receipt For: Primary	Year-to-Date ▼		
C.	Full Name (Last, First, Middle Initial)		Date of Receipt	
	Mailing Address		Payroll Deduction	
City State		Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	0,1,1,7,6,1,4		
Name of Employer Farmers Mutual Hail Ins. Co.		n		
	Primary General	e Year-to-Date ▼		
s	UBTOTAL of Receipts This Page (optional)	9950		
T	OTAL This Period (last page this line number only)	3,1,9,7,6,0		

SCHEDUL	ΕВ	(FEC	Form	3X)
ITEMIZED	DIS	BURSE	MENT	S

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE N			
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) 		
	Detailed Summary Page	27	28a 28b 28c 29 30b		
Any information conied from such Panerts and Statem	note may not be gold at uses				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)					
Farmers Mutual Hail Insurance Con	npany of Iowa Politica	al Action C	Committee		
Full Name (Last, First, Middle Initial)					
A.	D40		Date of Disbursement		
Crop Insurance and Reinsurance Bureau PAC			08 04 2011		
Mailing Address 201 Massachusetts Ave NE, Suite C-5			0.8 0.4 2.0.1.1		
	tate Zip Code				
Washington, DC 20002 Purpose of Disbursement					
Contribution		0 1 1	Amount of Each Disbursement this Period		
Candidate Name		i i i i i i i i i i i i i i i i i i i			
		Category/ Type	5,0,0,0,0,0		
Office Sought: House Disbursem	nent For:				
h	Primary X General				
	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial) B.]	Date of Disbursement		
The Governor Branstad Committee		Ì			
Mailing Address			0.8 0.2 2.0.1.1		
PO Box 268			Research Committee of Committee		
•	tate Zip Code				
Brooklyn, IA 52211	·				
Purpose of Disbursement Contribution 0 1 1			Amount of Each Disbursement this Period		
Candidate Name					
Terry Branstad		Category/ Type	5,0,0,0		
Office Sought: House Disbursen	nent For:				
	Primary X General				
L L	Other (specify)	}			
State: District:			·		
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
Kapucian For State Senate					
Mailing Address			1.0 0.4 2.0.1.1		
1275 69th Street	7: 0.1				
	tate Zip Code				
Keystone, IA 52249 Purpose of Disbursement	- Car				
Contribution 0 1 1			Amount of Each Disbursement this Period		
Candidate Name Category/					
Tim Kapucian		Туре	10000		
Office Sought: House Disbursem					
	Primary X General Other (specify) ▼				
State: Iowa District: 20	Other (specify)				
	·				
SUBTOTAL of Disbursements This Page (optional)			560000		
TOTAL This Period (last page this line number only).					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N				
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
Any information copied from such Reports and State	ments may not be sold or used					
or for commercial purposes, other than using the name and address of any political committee to solicit centributions from such committee.						
NAME OF COMMITTEE (Ih Full)						
Farmers Mutual Hail Insurance Co	mpany of Iowa Politica	al Action C	Committee			
Full Name (Last, First, Middle Initial) A.		$\overline{}$	Date of Disbursement			
King For Congress						
Mailing Address 116 N. Main St			1 0 2 4 2 0 1 1			
City	State Zip Code					
Early, IA 50535 Purpose of Disbursement						
Contribution		0 11	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Steve King	mont For	Туре	5,0,0,0,0			
Office Sought: X House Disburse	ement For: Primary V General		·			
President	Primary X General Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Date of Disharm			
B.			Date of Disbursement			
Mailing Address			Man / Dab / Asada			
City	State Zip Code					
Purpose of Disbursement						
Candidate Name		0 1 1	Amount of Each Disbursement this Period			
		Category/ Type	and the state of t			
Office Sought: House Disburse	ement For: Primary Y General	1				
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)			Data of Dishursement			
C.			Date of Disbursement			
Mailing Address			, Dan , Andada			
City	State Zip Code					
Purpose of Disbursement	. Comment	0 1 1	Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	Section of Transfer of the Section o			
Office Sought: House Disburse	ement For:	.,,,,,,	has and a constructed the explaneous to most the continuous to the southern the state of the continuous to the continuou			
Senate	Primary X General					
President State: District:	Other (specify) ▼	1				
State. District.						
SUBTOTAL of Disbursements This Page (optional).			50000			
TOTAL This Period (last page this line number only	·)		610000			

Federal Election Co ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fill	OR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Sig	gnature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Ev .	4/30/12
PREPARER	DATE PREPARED

(3/2005)